

# Consumer Council News

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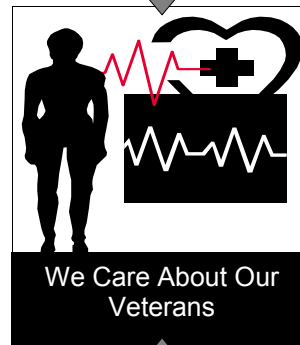
## **New Benefits Web Site**

**The Labor Department launched GovBenefits.gov, a web site designed to simplify access to information about government aid and other benefit programs. Initially the site will link to 55 assistance programs. The site does not require a user to disclose his or her name. When the user asks for information it will list government programs and benefits that the user may be eligible for and contact information. This will be a model for the future.**

Newsletter sponsored by  
VA Mental Health  
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## Parity is backed by the President

President Bush asked that employer health plans treat mental illness like other ailments. He asked for legislation that provides "full mental health parity" this year. He stated "mental disability is not a scandal-it is an illness and like physical illness it is treatable." He called for giving "all Americans who suffer from mental illness the treatment and the respect, they deserve." Sen. Pete Domenici has championed the parity bill despite opposition from conservative Republicans in the House. A key part of the proposal will be defining who will be covered under the parity legislation. The legislation would require employers of more than 50 people to treat mental health coverage the same as other health coverage for pur-



poses of out-of pocket expenses and limitations. The main points to be determined are which disease are going to be covered and if only persons with serious mental illness will be covered. It is estimated that 20% of Americans have a diagnosable mental illness, although far fewer suffer from serious illnesses. Congressional estimates are that health care costs would increase about one percent.

President Bush also named Michael Hogan, who has been Ohio's mental health director, to head a 15-member commission on mental health treatment. The commission was

formally launched to repair the "cracks of the current system" of mental health care delivery.

## GAO Report-Atypical Drug Prescribing

The General Accounting Office (GAO) published a report April 2002 on VA Health Care-Implementation of Prescribing Guideline for Atypical Antipsychotic Drugs. The results of a review done by the GAO indicated that VA's guideline for prescribing atypical antipsychotic drugs is sound and consistent with published clinical practice guidelines commonly used by public and private health care systems. VA's prescribing guideline recommends that physicians use their best clinical judgment based on clinical circumstances and patients' needs, when choosing among the atypical drugs. There is a cost factor, stating that if no clinical reason exists to prescribe one atypical antipsychotic drug over another, physicians should begin treatment with one of the less expensive

atypical drugs on VA's formulary. Public and private sector psychiatric experts were interviewed about the VA's use of cost as a factor to prioritize atypical antipsychotic drugs and almost all agreed the policy was reasonable, appropriate, and consistent with providing quality and cost-effective medical care. The survey indicated that 91% of the VA psychiatrists report they are able to prescribe the atypical antipsychotic drugs that are best for their patients. The GAO does recommend that VA monitor the implementation of the guideline by VISNs and facilities to ensure that policies and procedures conform to the intent of the guideline by not restricting physicians in prescribing drugs on VA's formulary.

## How is VA doing with Psychosocial Rehabilitation?

Research over the past two decades has shown the effectiveness of psychosocial rehabilitation for persons with mental health disabilities. The area of transitional and supported employment have been shown repeatedly to lead to improved clinical outcomes and reduced medical care utilization. Psychosocial rehabilitation includes a broad continuum of services that include patient and family education, psychotherapy, cognitive and behavioral training, living skills training and intensive case management. The VA in the treatment for veterans with serious mental illness has been shown to focus on older, traditional modalities, especially psychotherapy and there is inadequate provision of the other treatment services, especially the newer, community oriented approaches. A comparison of treatments available for schizophrenia in VHA and a two-State sample of the public sector showed VA places greater reliance on inpatient treatment and less often provides patient and family edu-

cation and support, work training and support, especially newer psychosocial rehabilitation approaches such as transitional and supported employment opportunities, and case management. Only 30,000 of the more than 600,000 veterans in the mental health system are served in any kind of work rehabilitation program. Most VA psychosocial rehabilitation programs do not use newer, empirically validated methods such as transitional and supported employment in the community. Most Compensated Work Treatment programs are offered to veterans with substance abuse disorders but participation of those with schizophrenia and PTSD is much more limited. Studies have shown that psychosocial rehabilitation programs tailored to the needs of the persons with serious mental illness combined with full case management have been successful. Veterans should have the full range of interventions available in mental health programs to reach their potential to live a quality life.

## Here come Co-Pays for Long Term Care

The VA will start co-payment tests on veterans for Long Term Care programs. There will be exemptions such as veterans with service-connected disability who receive compensation or are being treated for their service connected condition. All non-exempt veterans will have to complete an application for extended care services. The following is the co-payment amount per day:

* Nursing Home	\$97
* Domiciliary	\$ 5
* Geriatric Evaluation	\$97
* Respite	\$97
* Home Respite	\$15
* Adult Day Care	\$15

The maximum co-payment amount a veteran will be charged is \$97/day times the number of days in the

month. A veteran will be obligated to pay the extended care calculated monthly co-payment only to the extent the veteran and the veteran's spouse have available resources. Available resources would mean the sum of the value of the liquid assets, fixed assets, and income of the veteran, the veteran's spouse minus deductible expense and the sum of the veteran allowance and the spousal allowance. A social worker will review the VA application and provide information to the veteran to the potential co-payment amounts. The social worker will offer information regarding options and services that might be available within the VA and the community.

This change will not effect all veterans but this is important information that will need to be considered in planning long term care services for veterans who will need to pay the co-payment

## Information and Resources

June 5th-8th  
NMHA  
2002 Annual Conference  
Washington, D.C.  
703-838-7504 or [www.nmha.org](http://www.nmha.org)

June 26th-30th  
NAMI Annual Convention  
Cincinnati, Ohio  
703-524-7600 or [www.nami.org](http://www.nami.org)

August 9-11, 2002  
National Depressive Manic Depressive Association  
Annual Conference-Orlando, Florida  
1-800-826-3632 or [www.ndmda.org](http://www.ndmda.org)